



Charlie Crist Governor

Board of County Commissioners Of Sumter County 910 N. Main Street, Room 201 Bushnell, Florida 33513-6146

Dear Commissioners:



Enclosed is the report of activities and expenditures of the Sumter County Health Department for the periods October 1, 2009 through December 31, 2009. Chapter 154, F.S., and the contract between the Department of Health and Sumter County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

- 1. DE 385 "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
- 2. DE 580 "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.
- 3. "Sumter County Health Department Program Service Variance Analysis" which explains variances in actual expenditures that are greater or less than 25 percent of planned expenditure levels.

If you have any questions, please feel free to contact me at (352) 793-6979, extension 248.

	Girija S. Padına Director	anabh, M.D)., M.P.H.	
 Enclosure(s) cc: Shairi Turner M.D., M.P.H., Deputy Secretary Michael Sentman, Assistant Deputy Secretary Beth Benton, Senior Health Budget Analyst Keith Hunter, M.P.H., Assistant CHD Director 	for Health Co Atty		Pub Wks Div	

SUMTER COUNTY HEALTH DEPARTMENT PROGRAM SERVICE VARIANCE ANALYSIS REPORT PERIOD: OCTOBER 2009 - DECEMBER 2009

PROGRAM SERVICE	VARIANCE AMOUNT	VARIANCE PERCENTAGE	EXPLANATION	ACTIVITIES TO ACHIEVE PLANNED EXPENDITURE LEVEL	COMPLETION DATE
Immunization	\$14,343.00	56.80%	More services than reported due to additional H1N1 clinics this quarter.	Addressed in recent Core Contract amendment dated 12/14/2009.	Complete
Community Hygiene (Rabies)	\$5,100.00	105.84%	More services reported than planned due to a higher than usual number of animal bites this quarter.	None - Program is unpredictable.	N/A

Florida Department of Health County Health Department

Contract Management System

Variance Report

Sumter County for Report Period 10/2009 to 12/2009

Run date: 01/15/2010

	F	TES		Clien	nts or Units		Se	rvices		Expen	ditures	
Program Component / Title	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
Immunization	3.35	4.25	-21.18	644	260	148.14	3,978	519	666,40	\$39,593	\$25,250	56.80**
Sexually Trans. Dis.	2.34	3.50	-33.14	210	98	114.89	934	508	83.80	\$36,888	\$33,000	11.78
AIDS	1.43	2.00	-28.50	40	12	245.69	99	68	44.79	\$23,621	\$22,449	5.22
Tuberculosis	0.58	1.00	-42.00	28	50	-44.02	73	138	-46.93	\$12,000	\$10,070	19.17
Comm. Dis. Surv.	0.34	0.75	-54.67	0	0		46	7	547.37	\$6,168	\$6,188	-0.32
Hepatitis & Liver Failure Prev	0.02	0.01	100.00	14	4	270.13	26	8	243.69	\$0	\$64	-100.00
Public Health Preparedness and Response	3.30	1.50	120.00	0	0		42	3	1338.92	\$101,572	\$92,327	10.01
Vital Statistics	2.44	3.25	-24.92	875	437	100.34	3,153	2,009	56.94	\$25,884	\$25,000	3.53
Communicable Disease Total	13.80	16.26	-15.13	1,811	859	110.73	8,351	3,260	156.18	\$245,726	\$214,348	14.64
Chronic Disease Prevention Pro	1.60	1.75	-8.57	252	424	-40.63	5	34	-85.28	\$23,904	\$20,000	19.52
Tobacco Program	2.37	2.92	-18.84	0	0		34	71	-52.07	\$50,526	\$41,908	20.56
Home Health	0.00	0.00		0	0		0	0		\$0	\$0	
WIC	0.59	0.25	136.00	0	515	-100.00	2,680	2,471	8.46	\$8,223	\$1,698	384.25
Family Planning	5.48	7.50	-26.93	610	244	150.01	2,477	1,830	35.36	\$89,540	\$80,067	11.83
Maternal Health/IPO	4.13	4.00	3.25	88	62	40.86	777	1,000	-22.27	\$75,521	\$65,612	15.10
Healthy Start Prenatal	0.03	0.10	-70.00	1	0		0	0		\$384	\$964	-60.12
Comprehensive Child Health	4.06	3.50	16.00	177	222	-20.44	615	856	-28.13	\$61,897	\$53,567	15.55
Healthy Start Infants	0.05	0.02	150.00	1	0		0	0		\$717	\$169	324.01
Healthy Start Interconception Woman	0.00	0.00		0	0		0	0		\$0	\$0	
School Health	3.85	4.00	-3.75	447	0		29,138	23,237	25.39	\$49,761	\$46,000	8.18
Comprehensive Adult Health	1.22	3.00	-59.33	42	30	40.58	127	100	27.53	\$31,623	\$28,000	12.94
Dental Health	0.00	0.00		0	0		0	0		\$0	\$0	
Primary Care Total	23.38	27.04	-13.54	1,618	1,498	8.00	35,853	29,598	21.13	\$392,096	\$337,985	16.01
Water & Onsite Sewage	4.09	5.71	-28.37	121	139	-13.25	279	291	-4.16	\$60,550	\$57,722	4.90
Facility Programs	2.23	2.56	-12.89	94	62	52.70	317	212	49.23	\$32,979	\$28,556	15.49
Groundwater Contamination Program	0.43	0.25	72.00	7	9		35	26	35.24	\$4,558	\$4,464	2.10
Community Hygiene	0.60	0.51	17.65	54	24	122.12	140	85	63.88	\$9,919	\$4,819	105.84**
Environmental Health Total	7.35	9.03	-18,60	276	235	17.57	771	615	25.40	\$108,005	\$95,561	13.02
Grand Total	44.53	52.33	-14.91	3,705	2,592	42.93	44,975	33,472	34.36	\$745,827	\$647,894	15.12

Florida Department of Health County Health Department

Contract Management System

Analysis of Fund Equities

Sumter County for Report Period 10/2009 to 12/2009

Run date: 01/05/2010

		State	County	Total
Fund Balance 10/0	9	(\$92,446.11)	(\$16,354.85)	(\$108,800.95)
Revenue Contract	- YTD			
Communicable	Disease			
001009	Debit Memo - Bad Checks	\$0.00	\$32.20	\$32.20
001029	3rd Party Reimbursements	\$0.00	(\$433.52)	(\$433.52)
001060	Fee-County	\$0.00	(\$92.00)	(\$92.00)
001076	MEDICAID TB	(\$49.71)	(\$103.90)	(\$153.61)
001077	Fee-Personal Health	\$0.00	(\$1,461.74)	(\$1,461.74)
001078	MEDICAID ADMINISTRATION OF VACCINE	(\$952.50)	(\$952.50)	(\$1,905.00)
001087	MEDICAID STD	(\$1,456.38)	(\$3,044.19)	(\$4,500.57)
001089	MEDICAID AIDS	(\$757.21)	(\$1,582.74)	(\$2,339.95)
001090	Medicare - Part B	\$0.00	(\$551.08)	(\$551.08)
001114	Vital Statistics - Birth Certificate	\$0.00	(\$1,831.00)	(\$1,831.00)
001115	Vital Statistics - Death Certificate	\$0.00	(\$22,410.00)	(\$22,410.00)
001117	Vital Statistics - Administrative Fee	\$0.00	(\$135.50)	(\$135.50)
001147	MEDICAID HMO RATE	(\$1,675.00)	(\$3,501.13)	(\$5,176.13)
005041	Interest Earned - State Investment Account	\$0.00	(\$3.52)	(\$3.52)
007000	Federal Grants	(\$96,928.73)	\$0.00	(\$96,928.73)
007111	Random Moment Sampling	(\$1,785.00)	\$0.00	(\$1,785.00)
008030	BCC Contribution from Health Care Tax	\$0.00	(\$54,260.21)	(\$54,260.21)
010400	Sale of Goods Outside State Government	\$0.00	(\$539.16)	(\$539.16)
011000	Grants and Donations	\$0.00	(\$4,596.67)	(\$4,596.67)
015010	Transfers Within Agency	(\$1,559.53)	\$0.00	(\$1,559.53)
015040	CATEGORICAL GENERAL REVENUE	(\$15,169.00)	\$0.00	(\$15,169.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$38,823.66)	\$0.00	(\$38,823.66)
Communicable	Disease Subtotal	(\$159,156.71)	(\$95,466.67)	(\$254,623.38)
Primary Care 001009	Debit Memo - Bad Checks	\$0.00	\$59.36	\$59.36
001029	3rd Party Reimbursements	\$0.00	(\$2,037.73)	(\$2,037.73)
001023	Fee-Personal Health	\$0.00	(\$19,217.17)	(\$19,217.17)
001081	MEDICAID CHILD HEALTH CHECK UP	(\$4,672.57)	(\$9,766.77)	(\$14,439.34)
001083	Medicaid-Family Planning	(\$2,071.20)	(\$18,640.83)	(\$20,712.03)
001090	Medicare - Part B	\$0.00	(\$4,702.35)	(\$4,702.35)
001147	MEDICAID HMO RATE	(\$4,274.43)	(\$8,934.57)	(\$13,209.00)
001191	MEDICAID MATERNITY	(\$10,895.80)	(\$22,774.79)	(\$33,670.59)
001191	MEDICAID COMPREHENSIVE CHILD	(\$4,871.40)	(\$10,182.38)	(\$15,053.78)
001208	Medipass Case Management Fee	(\$1,113.00)	(\$1,113.00)	(\$2,226.00)
005041	Interest Earned - State Investment Account	\$0.00	(\$6.50)	(\$6.50)
007000	Federal Grants	(\$5,295.91)	\$0.00	(\$5,295.91)
007000	Random Moment Sampling	(\$50,840.11)	\$0.00	(\$50,840.11)
008030	BCC Contribution from Health Care Tax	\$0.00	(\$100,039.94)	(\$100,039.94)
011001	Healthy Start Coalition	\$0.00	(\$750.00)	(\$750.00)
015010	Transfers Within Agency	(\$112,241.45)	\$0.00	(\$112,241.45)
015040	CATEGORICAL GENERAL REVENUE	(\$52,327.00)	\$0.00	(\$52,327.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$19,833.17)	\$0.00	(\$19,833.17)
015075	Transfer of Federal Grant from Another Agency	(\$485.00)	\$0.00	(\$485.00)
A COLO DE LA CALLA SER EL PARTIE DA CALLES DE CALCADA CALLA CALCADA CA	s and a programmer and a particular programmer for the particular and a programmer following a fill on the construction of the	(\$268,921.05)	(\$198,106.65)	(\$467,027.70)
Primary Care S	upidiai	V-200		N. A. Santa de la companya della companya della companya de la companya della com
Environmental				404.50
001009	Debit Memo - Bad Checks	\$0.00	\$31.53	\$31.53
001020	Environmental Health Permits	(\$13,859.30)	\$0.00	(\$13,859.30)
001077	Fee-Personal Health	\$0.00	(\$441.98)	(\$441.98)
001092	Environmental Health Fee - State	(\$12,421.80)	\$0.00	(\$12,421.80)
005041	Interest Earned - State Investment Account	\$0.00	(\$3.45)	(\$3.45)

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

- n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.
- o. The CHD shall submit quarterly reports to the county that shall include at least the following:
 - i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
 - ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.